

## Public Records Request

WHO IS REQUESTING THE RECORDS?			
LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF REQUEST
WHERE SHOULD WE SEND THE REQUEST?			
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)	E-MAIL ADDRESS	
FOR A SPEEDIER DELIVERY AND TO CUT COSTS, MAY WE SEND RECORDS AND ALL CORRESPONDENCE BY E-MAIL? <input type="checkbox"/> Yes <input type="checkbox"/> No			
FOR A SPEEDIER DELIVERY AND TO PROTECT CHILDREN, MAY WE REDACT (BLACK OUT) IDENTIFYING INFORMATION OF MINOR CHILDREN? <input type="checkbox"/> Yes <input type="checkbox"/> No			
WHAT ARE YOU REQUESTING? PLEASE BE AS SPECIFIC AS POSSIBLE.			
<p><b>PLEASE NOTE:</b></p> <p>DEL may charge 15 cents per page for all standard and legal-sized copies.</p> <p>By submitting this form, requester certifies the records or information obtained will not be used for any commercial purpose pursuant to RCW 42.56.070(9).</p>			

**Notice to those receiving information:** Pursuant to RCW 42.56.520, agencies must promptly respond to requests. Within five business days of receiving the request, the agency must either provide the record, acknowledge the request and give a reasonable estimate of time for the request being filled, or deny the request in whole or in part.